

REQUEST FOR APPLICATIONS (RFA)

GRADUATE MEDICAL EDUCATION RESIDENCY GRANT

RFA # G-368-OPIB-15

**ISSUED BY:
STATE OF WISCONSIN
Department of Health Services
OFFICE OF POLICY INITIATIVES AND BUDGET**

**APPLICATIONS ARE DUE
NO LATER THAN 2:00 P.M. CDT
ON OCTOBER 16, 2014**

E-MAIL APPLICATIONS TO:

Linda.McCart@wi.gov

FOR QUESTIONS, CONTACT:
Linda McCart at Linda.McCart@wi.gov

LATE APPLICATIONS WILL NOT BE ACCEPTED

**GRADUATE MEDICAL EDUCATION RESIDENCY GRANT
WISCONSIN DEPARTMENT OF HEALTH SERVICES**

**REQUEST FOR APPLICATIONS
G-368-OPIB-15**

TIME LINE

SEPTEMBER 4, 2014	COMPETITIVE APPLICATION RELEASED VIA DHS WEB SITE
SEPTEMBER 16, 2014	QUESTIONS DUE BY NOON, 12:00 P.M. CDT
SEPTEMBER 18, 2014	RFA CONFERENCE CALL FOR APPLICANTS @ 9:00 A.M. CDT
SEPTEMBER 19, 2014	FAQS POSTED TO DHS WEB SITE
SEPTEMBER 22, 2014	NOTICE OF INTENT TO APPLY DUE BY 2:00 P.M. CDT
OCTOBER 16, 2014	APPLICATIONS/PROPOSALS DUE BY 2:00 P.M. CDT
NOVEMBER 20, 2014	NOTIFICATION OF AWARDS
NOVEMBER 20, 2014	PUBLIC INSPECTION OF APPLICATIONS
JULY 1, 2015	CONTRACT START DATE

REQUEST FOR APPLICATIONS
WISCONSIN DEPARTMENT OF HEALTH SERVICES
GRADUATE MEDICAL EDUCATION RESIDENCY GRANT
RFA # G-368-OPIB-15

1. Introduction

The Wisconsin Department of Health Services (DHS) was authorized in the state's biennial budget for 2014-2015 (Act 20) to develop a grant program to support and expand residency positions in existing accredited graduate medical education programs. The purpose of this document is to provide entities currently sponsoring graduate medical education (GME) programs with information to assist in preparing and submitting applications for funds to expand resident positions in one of the following specialties: family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

The DHS GME Initiative is supported by the Division of Public Health, the Division of Health Care Access and Accountability and the Office of Policy Initiatives and Budget. It reflects the priorities of the Divisions and DHS. Numerous external stakeholders helped shape the framework for the Initiative and this Request for Applications. It is anticipated that additional funds may be available at a future date. The beginning date for new residents supported via these funds will be July 1, 2015.

1.1 **Goal:** To increase access to quality health care by increasing the number of physicians practicing in rural and underserved areas of Wisconsin.

1.2 **Purpose:** To expand the number of residency positions in existing accredited graduate medical education programs in family medicine, general internal medicine, general surgery, pediatrics and psychiatry.

2. Background

2.1 Legislation

Act 20 authorized annual appropriations for two new programs to support graduate medical education. As introduced by Governor Scott Walker, the goal of both grant programs is to create and support new opportunities for medical school graduates to train in rural and underserved areas of the state.

Section 1899, 146.63 establishes grants to assist rural hospitals or consortiums of rural hospitals in developing new graduate medical education programs (GME). Up to \$1.75 million is allocated per year and limited to five (5) specialties – family medicine, general internal medicine, general surgery, pediatrics and psychiatry. Grants for new programs are restricted to three (3) years.

Section 1900, 146.64 authorizes DHS to distribute grants to hospitals to fund the addition of resident positions in existing accredited GME programs. DHS is charged with developing the criteria for such grants and for seeking matching federal medical assistance funds. Up to \$750,000 annually is allocated to expand GME programs in family medicine, general internal

medicine, general surgery, pediatrics and psychiatry. This section is the subject of this Request for Applications.

2.2 Rationale

Over the past few years, a number of reports have highlighted the dearth of primary care and other physicians, especially in rural and underserved areas. The Association of American Medical Colleges estimates a national physician shortage of up to 130,000 by 2015 due to an increasing older population, high rates of individuals with chronic diseases, a more diverse population and physicians retiring from practice.

Physician shortages in Wisconsin are estimated at 2,000 by 2030 (Wisconsin Hospital Association, 2011). The impact of this shortage in rural areas is especially acute with a scarcity not only of physicians but health care facilities in general. This lack of access has significant cost implications with rural populations less likely to access preventive care and, thus, more likely to experience avoidable hospitalizations.

The lack of physicians also has an economic impact on communities. Health care clinics and physician practices provide employment opportunities and enhance the attractiveness of communities as a place to live and work. A number of studies estimate that a single physician can have a direct impact of more than \$1 million on a community's economic well-being by creating jobs, purchasing goods and services and supporting communities through the tax revenues they create.

In addition, health care delivery systems are undergoing significant changes. According to the National Committee for Quality Assurance (NCQA), there are 865 Wisconsin physicians working at NCQA-certified patient-center medical homes throughout the state. Medical homes are a model of care that provides an inter-disciplinary, team-based approach to patient care, thus ensuring that all providers are working together. Various studies have demonstrated that this approach improves access and reduces unnecessary medical costs.

Accountable Care Organizations (ACO) represent another innovative model of care. ACOs are groups of health care professionals that agree to be accountable for the quality, cost and overall care of a group of patients. More than a dozen ACOs are currently operating in Wisconsin.

These and other innovative models of care as well as changing patient demographics and health conditions require that physicians have new skills. Among these are: understanding evidence-based practice; interdisciplinary, team-based care; cost awareness; shared decision-making; understanding quality metrics and measurement; using technology to improve quality and efficiency; working in different care settings and addressing transitions; and understanding population health. Recent changes in the Accreditation Council for Graduate Medical Education guidelines coupled with adequate financial support will help produce the physicians Wisconsin needs for high-performance delivery systems – those that provide high quality, high value and efficiently delivered health care services.

The DHS GME Residency Grant is one of several state efforts to increase the number of physicians practicing in rural and underserved areas of Wisconsin. Other initiatives include:

- Wisconsin Rural Physicians Residency Assistance Program (WRPRAP) – managed by the Department of Family Medicine, UW School of Medicine and Public Health, supports a variety of GME activities, including: feasibility studies, consultation, technical assistance, rotations, residencies, fellowships, faculty development and curriculum development.
- National Governors Association Health Care Workforce Policy Academy – led by the Governor’s Office, Wisconsin is one of seven states participating in an initiative to develop a comprehensive strategic plan to ensure that the state has an adequate and well-informed health care workforce for the future.
- Primary Care and Psychiatry Shortage Grants – managed by the Wisconsin Higher Education Aids Board, the latest initiative will provide annual awards to eligible physicians completing Wisconsin residencies in primary care or psychiatry who agree to practice in an underserved area of the state.
- Health Professions Loan Assistance Program (HPLAP) and Rural Physician Loan Assistance Program (HASLAP) – managed by the Wisconsin Office of Rural Health, HPLAP provides loan repayment funds to eligible physicians working in rural or Health Professional Shortage Areas (HPSAs) and psychiatrists that work in HPSAs. HASLAP provides additional funds for physicians practicing in rural communities.

3. Available Funds

Funding is available for several awards under this Request for Applications (RFA). The Wisconsin Department of Health Services (DHS) reserves the right to allocate funding to meet the goal of the grant with priority for applicants whose targeted specialty is substantially focused on rural areas of Wisconsin. The appropriation is subject to renewal via the state’s biennial budget process.

The period covered by the grant funds will depend upon the proposed targeted specialty (*see Special Requirements – 6.3*). Funds must be used to support new resident positions as described in this funding announcement.

The maximum amount of funds that can be requested per new resident position is \$75,000 per year. The maximum amount of funds that can be requested per targeted specialty program (i.e., family medicine, general internal medicine, general surgery, pediatrics or psychiatry) is \$225,000 per year. Funds will be distributed on an annual basis per the terms of negotiated contracts.

3.1 Use of Funds

DHS GME Residency Grant funds must be used to increase the number of residents in one of the targeted specialties. Grant funds may only be used for the following purposes:

- Resident salary
- Resident fringe benefits
- Resident travel expenses incurred in traveling to and from participating training sites
- Resident malpractice insurance
- Training expenses; not to exceed five (5) percent of resident salary and fringe

Training expenses may include: salaries and fringe of teaching faculty/staff, costs of administrative personnel dedicated to the GME program and/or other direct costs associated with operating an accredited GME program, such as recruitment costs and housing subsidies. Training expenses are limited to no more than five (5) percent of the resident's salary and fringe benefits.

DHS GME Residency Grant funds shall not be used for the following:

- Capital investments
- Equipment and supplies (medical and non-medical)
- Sub-Contracts
- Consultant fees
- Research
- Planning activities

DHS GME Residency Grant funds shall not be used to supplant or replace existing funds supporting the proposed targeted specialty program from other sources, including local, state or federal funds.

3.2 Medical Assistance Matching Funds

As required in Act 20, Section 1900, DHS is seeking federal Medicaid matching funds from the Centers for Medicare and Medicaid Services. DHS anticipates a response in December 2014 which may allow additional resident positions to be funded after the notice of awards is issued based on responses to this RFA.

4. **Definitions**

For purposes of this RFA, the following definitions shall apply.

- 4.1 *Accredited Program* – an established GME program in one of the targeted specialties that is fully accredited by the Accreditation Council for Graduate Medical Education, by the American Osteopathic Association or by both.
- 4.2 *Graduate Medical Education* – the period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education.
- 4.3 *Participating Sites* – an organization providing educational experiences or educational assignments/rotations for residents.
- 4.4 *Program* – a structured educational experience in graduate medical education designed to conform to the program requirements of a particular specialty, the satisfactory completion of which may result in eligibility for board certification.
- 4.5 *Resident* – any physician in an accredited graduate medical education program, including interns and fellows.

- 4.6 *Rotation* – an educational experience of planned activities in selected settings, over a specific time period, developed to meet the goals and objectives of the GME program.
- 4.7 *Rural* - areas that meet the definitions from the Wisconsin Office of Rural Health, including:
- R1 – rural area with no population center greater than 2,500
 - R2 – rural area with population center 2,500 – 9,999
 - R3 – rural area with population center 10,000 – 49,999
- 4.8 *Rural/Underserved Rotation* - a rotation that includes at least one eight (8) week period (longitudinal or block) of clinical training experience in a hospital that is located in a rural or underserved area or in a clinic staffed by physicians who admit patients to a hospital located in a rural or underserved area (see *Definitions 4.7 and 4.12*).
- 4.9 *Sponsoring Institution* – the organization that assumes the financial and academic responsibility for a program of GME; the sponsoring institution has the primary purpose of providing educational programs and/or health care services. In general, for purposes of this RFA, the sponsoring institution will be the associated or affiliated hospital.
- 4.10 *Substantial Presence in WI* – a hospital or program in a bordering state that meets all of the following criteria:
- Has established at least one (1) resident rotation in a Wisconsin hospital or clinic of not less than eight (8) weeks in one or more of the targeted specialties
 - Participating site(s) are in a rural area of Wisconsin (see *Definition 4.7*)
 - Has an established history of medical school graduates from Wisconsin who complete their residency and return to Wisconsin to practice
 - Residents supported with DHS GME Residency Grant funds have strong ties to Wisconsin, such as:
 - born in Wisconsin with extended family still in the state
 - graduated from a Wisconsin high school
 - completed his or her undergraduate and/or graduate degree from a Wisconsin college or university
- 4.11 *Targeted Specialty* – the GME specialty - family medicine, general internal medicine, general surgery, pediatrics or psychiatry – targeted by the grant for expansion.
- 4.12 *Underserved Areas* – areas designated by the Health Resources and Services Administration (HRSA) as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs) or Health Professional Shortage Areas (HPSAs).

5. Eligible Applicants

Eligible applicants are sponsoring institutions that meet the following criteria:

- Has an existing graduate medical education (GME) program fully accredited by the Accreditation Council for Graduate Medical Education (ACGME) or a program accredited by the American Osteopathic Association (AOA) or a program dually accredited by ACGME and AOA.

- Has an accredited program in one or more of the following specialties:
 - Family Medicine
 - General Internal Medicine
 - General Surgery
 - Pediatrics
 - Psychiatry
- Located in Wisconsin or has a substantial presence in Wisconsin (*see Definitions – 4.10*)

The applicant shall not be on probation by ACGME or AOA or have any restrictions on the proposed targeted specialty.

6. Special Requirements

6.1 Notice of Intent

Sponsoring institutions interested in applying for this round of funding must send a non-binding notice of intent via e-mail to the following by 2:00 p.m. CDT on September 22, 2014. Receipt will be acknowledged and must be submitted with the application.

Melanie Johnson
 Senior Policy Analyst
 Office of Policy Initiatives and Budget
Melanie.Johnson@wi.gov

The e-mail must include the following information:

- Name and location of interested applicant organization
- Name, title, e-mail address and telephone number of the primary contact
- Targeted Specialty – family medicine, general internal medicine, general surgery, pediatrics or psychiatry
- Anticipated number of resident positions to be requested; maximum of three (3)

The notice of intent does not commit the sponsoring institution to submitting an application.

6.2 Sole Contact

The Office of Policy Initiatives and Budget is the sole point of contact for DHS during the selection process.

6.3 Grant Period

The DHS GME Residency Grant is intended to cover the length of the residency. The beginning date for all residents supported via these grant dollars is July 1, 2015.

- For each resident in family medicine, general internal medicine and pediatrics, the grant period will be three (3) years.
- For each resident in psychiatry, the grant period will be four (4) years.
- For each resident in general surgery, the grant period will be five (5) years.

6.4 Rural Focus

Priority will be given to applications from sponsoring institutions supporting programs that include the equivalent of at least one eight (8) week rotation in a rural area of Wisconsin each year of the residency, e.g., 8 weeks x 3 years = 24 weeks over the course of the residency, either in block or longitudinally.

Primary care programs – family medicine, general internal medicine and pediatrics – should demonstrate the ability to serve areas designated as R1 and R2 (*see Definitions - 4.7*).

General surgery and psychiatry programs should demonstrate the ability to serve areas designated as R1 thru R3 (*see Definitions – 4.7*).

The Rating Panel will also consider applications where residents will serve a substantial population from rural or underserved areas as defined in Definitions 4.7 and 4.12.

6.5 ACGME or AOA Accreditation for New Positions

The applicant may apply for additional residency positions prior to accreditation for these positions, but must be ACGME or AOA accredited at the time grant funds are to be used to support such positions, i.e., the new positions must be ACGME or AOA accredited by July 1, 2015 before grant dollars can be expended.

6.6 Resident Requirements

Residents supported by these grant dollars must be U.S. citizens, non-citizen nationals or foreign nationals who possess visas permitting permanent residence in the U.S.

Individuals on temporary student visas shall not be supported with DHS GME Residency Grant funds.

6.7 Fiscal Agent

The fiscal agent for grants awarded under this RFA must be a Wisconsin Medicaid certified hospital provider.

7. General Requirements

7.1 Financial Reports

The successful applicant shall submit financial reports to DHS identifying cash expenditures against authorized funds within 60 days following the end of each fiscal year.

7.2 Status Reports

The successful applicant shall submit a brief narrative report to DHS within 30 days following the end of each quarter highlighting resident placements, activities, new training opportunities, etc.

7.3 News Releases

News releases pertaining to this award or any part of the proposal shall not be made without the prior written approval of DHS. Copies of any news release regarding this award during the contract years will be submitted to DHS.

7.4 Legal Services

Funds shall not be used to support any legal actions taken against the federal or state government or to support legal advice to programs or residents.

7.5 Incurring Costs

DHS and the State of Wisconsin are not liable for any cost incurred by applicants in replying to this RFA.

7.6 Waiver of Technicalities

The RFA Rating Panel reserves the right to accept or reject any or all responses to the RFA and waive minor technicalities. The determination of whether an RFA condition is substantive or a mere technicality shall reside solely with the RFA Rating Panel.

8. Clarifications and/or Revisions

Questions concerning this RFA may be submitted via e-mail on or **before 12:00 noon CDT, September 16, 2014** to:

Linda McCart
Policy Chief
Office of Policy Initiatives and Budget
E-Mail – Linda.McCart@wi.gov

8.1 Applicant Questions and Answer Conference

Potential applicants are invited to participate in a **conference call scheduled for 9:00 a.m. CDT on September 18, 2014**. The purpose of the call is to allow all interested applicants to ask questions related to this RFA. The conference call information is below:

Phone: 1.877.820.7831
Access Code: 252480

Questions sent or asked prior to the conference call will also be addressed. The questions and answers discussed during the call will be posted to the DHS web site, <http://www.dhs.wisconsin.gov/rfp> shortly following the call.

Applicants are expected to raise any questions they have concerning the RFA document and requirements at this point in the RFA process. If an applicant discovers any significant ambiguity, error, conflict, discrepancy, omission or other deficiency in this RFA, the applicant should immediately notify the above named individual of such error and request modification or clarification.

In the event that it becomes necessary to provide additional clarifying information, or to revise any part of this RFA; revisions, amendments and supplemental information will be posted to the DHS web site, <http://www.dhs.wisconsin.gov/rfp>.

Each proposal shall stipulate that it is predicated upon the requirements, terms and conditions of this RFA and any supplemental information or revisions thereof.

8.2 **No Contact**

Any contact with DHS employees concerning this RFA is prohibited, except as authorized by the RFA manager, Linda McCart, during the period from the date of release of the RFA until the notice of intent to contract is released.

9. **Submission of Application**

9.1 **All applications must be typed, doubled-spaced with 11-point font, and shall not exceed 20 pages.** The total number of pages DOES NOT include the abstract, work plan, budget, budget narrative and required forms. All pages must be sequentially numbered. The total number of additional pages, including the abstract, budget and budget narrative, required forms and other documents shall not exceed 15 pages.

9.2 **Number of Applications.** Sponsoring institutions may submit one (1) application per targeted specialty for expansion of resident positions. Applicants who currently have more than one ACGME/AOA or dually accredited program may submit more than one (1) application. DHS reserves the right to balance funding requests with the diversity of the targeted specialties and locations and the goal of the GME Residency Grant.

9.3 **Number of copies.** The applicant must submit **one electronic copy** of the entire application to the Office of Policy Initiatives and Budget.

9.4 **Closing date.** The closing date for the receipt of all applications under this RFA is no later than **2:00 p.m. CDT on October 16, 2014**. The electronic applications must be submitted to and received by Linda.McCart@wi.gov by 2:00 p.m. CDT on October 16, 2014.

Applicants are cautioned to allow sufficient time for delivery by e-mail, since it can sometimes take several hours for electronic mail to reach its destination. Receipt of the application will be acknowledged by return e-mail.

All responses to this RFA which are received after the closing date and time will not be reviewed and will be returned to the applicant.

9.5 **Supplemental and clarifying information.** Unless requested by the DHS Office of Policy Initiatives and Budget, no additional information will be accepted from any applicant after the deadline for submittal of applications.

10. **Awarding Funds Information**

10.1 **Evaluation Criteria, Potential Points and Procedures**

All applications received will be reviewed by a rating panel and ranked accordingly. The rating panel will evaluate all proposals against stated criteria. To be considered for an award, an application must score at least **185** points (out of **225** possible points) in the rating of applications, unless the rating panel determines it is in the best interest of the state to consider an award to an applicant who scores less than 185 points. The DHS GME Residency Grant is designed to support the mission and core values of the Department, including increasing access

and promoting evidence-based approaches to high quality health care. Applications will be reviewed and evaluated according to the following criteria (*see Appendix A for the scoring matrix*).

10.2 Criteria and Maximum Points

10.2.1 **Abstract – 10 Points – one page only, single-spaced**

The applicant's response demonstrates that the proposed expansion meets the long-term goal of the DHS GME Residency Grant. The summary clearly articulates the rationale for expansion in one of the targeted specialties – family medicine, general internal medicine, general surgery, pediatrics or psychiatry. A brief description of how the expansion will benefit rural and/or underserved populations is included. The response includes reasonable objectives and how the funds will be used (number of residents), the total amount requested and the proposed grant period.

10.2.2 **Identification and Rationale for Selected Targeted Specialty – 10 Points**

The narrative identifies the targeted specialty and provides a description of how and why this selection was determined and how the selection will help increase access to quality health care in rural and/or underserved areas of Wisconsin. The response includes the number of new positions being requested and the schedule for implementation, e.g., will all positions be added in July 2015, one position per year, etc. (*see Appendix B for examples, see Appendix C for distribution chart*).

10.2.3 **Description of Existing Accredited GME Program in Targeted Specialty – 135 Points**

The applicant provides a complete narrative description of the current accredited GME program for which expansion funds are being requested that includes the following information.

- A. Program Structure – The response provides a description of the skills and knowledge targeted by the curriculum and clinical experiences; the types and periods of clinical experiences and rotations; and electives. The narrative describes participating sites, including a general description of the populations served. A detailed description is provided of the rotation(s) in rural or underserved areas.

The description highlights the extent to which the program includes:

- For primary care physicians - family medicine, pediatrics and/or general internal medicine - a rural track or substantial rotation(s) in rural areas (R1 – R2)
- For psychiatry and general surgery, substantial rotation(s) in a rural area (R1 - R3) or underserved urban area
- A focus on new skills needed for physicians to practice in new delivery models
- For family medicine and/or pediatrics, an emphasis on behavioral health, psychology or child psychiatry
- For primary care physicians, integration (or the beginning of integration) of prevention and population health-oriented education, opportunities within the target specialty for clinical experiences in public health and/or opportunities to work as part of a health care team

- B. Resident Population – The response provides information about the current resident population, including demographics, where they are from, medical schools attended and

data about prior or current ties to Wisconsin. The application includes information about resident populations for the prior five (5) years. This information may be provided in a table format; see *Appendix D – Overview of Resident Population*.

- C. Retention Rates for Targeted Specialty – The narrative provides information from the last five (5) years about the number of individuals that complete their declared general practice residency, the number of those completing who initiate practice in their specialty and the number of residents who initiate practice in their specialty that remain in Wisconsin. The response includes information about residents in the targeted specialty that advance to sub-specialties upon completion or beginning a general practice residency and move to a sub-specialty prior to completion. This information may be provided in a table format; see *Appendix E – Retention and Outcomes*.
- D. Organizational and Faculty Capacity - The narrative describes the applicant's experience in providing graduate medical education in the targeted specialty; discusses the organization's capability to expand the existing, accredited program; and provides information about how the grant will be managed and monitored. The response identifies the qualifications and responsibilities of the Program Director for the targeted specialty and reporting relationships.
- E. Outcomes –The response provides the following information by individual program, as applicable, for the targeted specialty - family medicine, general internal medicine, general surgery, pediatrics or psychiatry - within the sponsoring institution for the last five (5) years, by year. The information may be provided in a table format; see *Appendix E – Retention and Outcomes*.
 - a) # or % of residents completing their residency
 - b) # or % of residents completing their residency practicing in rural or underserved areas
 - c) # or % of residents receiving training in a Community Health Center (Federally Qualified Health Center) or Rural Health Center, as applicable
 - d) Board pass rates of previous residents in the targeted specialty (accumulative average and most recent year for which data is available)
 - e) State retention rates – data on graduate physicians in the targeted specialty practicing in Wisconsin, including average length of stay, if available
 - f) # or % of residents and graduate physicians in the targeted specialty assisted in connecting to loan forgiveness programs, including a brief description of the process used to make the connection

10.2.4 **Objectives – 15 Points**

Objectives are clearly stated, realistic and measurable and highlight the activities needed to meet the purpose of this RFA. Objectives are framed as measurable outcomes and can be achieved during the funding period.

10.2.5 **Budget and Budget Narrative – 40 Points**

The applicant develops a line-item budget for allowable costs. These costs include: resident salary, fringe benefits, malpractice insurance and travel costs incurred in traveling to and from participating training sites. Allowable costs may also include training expenses of up to five (5) percent of the resident's salary and fringe. Proposed costs are consistent with the requirements

and are reasonable for the targeted specialty. The budget narrative includes justification for specific items, including salary and fringe rates and calculations. *See Appendix F for the budget template.*

Capital investments, equipment and supplies, consultant fees, research and planning activities are not included. The narrative provides information about other funding sources supporting the resident, including source, amounts per year and covered costs. Programs without access to other state funds may receive priority for the DHS GME Residency Grant funds. The budget narrative provides information about how the new residency positions will be sustained after the end of the grant.

10.2.6 **Work Plan and Timeline – 15 Points**

The work plan is a high-level summary of activities needed to recruit and support residents who will begin training on July 1 of each year, with descriptions and expected beginning and completion dates and responsible parties (reference by position titles). The work plan is sequentially reasonable.

10.2.7 **Reporting Requirements**

The selected applicant (grantee) agrees to provide the following information.

Reports

- A. The grantee must submit a Financial Report within 60 days after the end of each budget period. This report will include an accounting of expenditures under the grant for the prior state fiscal year. A template for financial reports will be provided by DHS.
- B. The grantee must submit quarterly Status Reports within 30 days of the end of each quarter. The fourth quarterly report will serve as the annual report. A template for the Status Report will be provided by DHS. These reports should include the following information.
 - The number of residents supported by the DHS grant funds and the number who completed their residency during this grant period.
 - Whether any resident(s) support with DHS grant funds dropped out of the program or entered a sub-specialty or changed to a different specialty; provide information about such changes as appropriate.
 - A brief description of participating residents, including basic demographics, where they are from, name of undergraduate medical school, existing ties to Wisconsin, etc.
 - The number of additional DHS grant residents projected for enrollment during the remainder of the contract period, if it has changed since last reported.
 - A brief description of outreach and recruitment strategies employed.
 - A description of the rural training opportunities the supported resident participated in, including the number of days/hours spent in such training and the location.
 - A description of training opportunities the supported resident participated in to gain experience in working as part of a health care team, community activities such as health fairs or health seminars, activities to promote public health approaches to community needs, and/or training in behavioral health, including the number of days/hours spent, if any, and locations.

- The projected number of residents to be enrolled and the number of residents who will complete the targeted program in the next five years (excluding positions supported by the DHS grant).
- The board pass rates of residents in the targeted specialty for the grant period, including those supported by the DHS grant.

Final Report

- A. The grantee must submit a Final Financial and Status Report within 90 days after the end of the grant. The report shall include: a full accounting of all funds received and expenditures, program-specific goals, core performance measurement data, grantee objectives and accomplishments and barriers encountered and how they were overcome. A template for the Final Report will be provided by DHS.
- B. The Final Report shall include a brief description of the following:
 - Summary
 - Impact (on long-term goal)
 - Changes made to the program structure over the grant period.
 - Intention to continue/support additional residents via the DHS GME Residency Grant.
- C. Grantees must be able to document that residents in the targeted specialty can deliver high quality care to underserved populations (including rural); illustrate strategies to monitor, forecast and meet long-term primary care needs; incentivize residents to commit to primary care in underserved regions of Wisconsin; link the program objectives to those of the Wisconsin Department of Health Services; and show how the program uses the above information to improve the educational experience of new and current residents.

11. Applicant Responses

Proposals submitted in reply to this RFA shall respond to the requirements stated herein. Failure to do so may be a basis for an application being eliminated from consideration during the review process.

In the event of an award, the contents of this RFA, including all attachments, RFA addenda and revisions and the proposal from the successful applicant will become contractual obligations. The Office reserves the right to negotiate the award amount and terms and conditions prior to entering into an agreement.

Justifiable modifications may be made in the course of the contract only through prior consultation with and mutual agreement of the parties. Failure of the successful applicant to accept these obligations may result in cancellation of the award.

12. Withdrawal of Applications

Applications may be withdrawn by written notice to the sole contact.

13. Award Procedures

The RFA Rating Panel's scoring will be tabulated and applicants will be ranked according to the numerical score received. The Rating Panel has the option to conduct interviews and/or telephone conferences with the top-ranked applicants and to include these results in

determining the rating score. The Rating Panel will also consider the balance of funding requests with the diversity of targeted specialties and locations consistent with the goal and purpose of the grant. DHS will make the final decision if a contract will be awarded. DHS reserves the right to withdraw the RFA if only a limited number of eligible applicants apply. DHS reserves the right to award only a portion of available funds based on responses to this RFA.

13.1 Notice of Intent to Award a Contract

Each applicant whose proposal is reviewed and scored by the Rating Panel shall receive written notice of the determination of approval or non-funding of the proposal.

Each applicant whose proposal was not approved shall be given an opportunity to discuss with the Office representative the reasons for non-funding. The applicant may request the reason for the decision in writing by contacting the Office at the above address or via e-mail, Linda.McCart@wi.gov.

14. Public Information

It is the intention of DHS to maintain an open and public process in the submission, review and approval of awards. All material submitted by applicants will be made available for public inspection after notice of intent to award or not to award a contract based on the rating of the applications which were submitted. This information will be available for public inspection, under supervision, during the hours of 9:00 a.m. to 4:00 p.m. CST, Monday through Friday, from November 20, 2014 through December 1, 2014 at the Wisconsin Department of Health Services. No application submitted to DHS may be marked as confidential, including any and all attachments.

Ratings tabulation and scoring by individual raters will also be open for public inspection, but the scores will not identify the raters.

**CHECKLIST,
GUIDELINES and APPENDICES**

The following information is provided to assist applicants in preparing a quality,
competitive response to the RFA.

- I. Application Checklist. The completed application must include the following:
 - A. Acknowledgement of Notice of Intent
 - B. Application Cover Sheet
 - C. Abstract/Summary
 - D. Proposal Narrative
 - Rationale for Selected Targeted Specialty
 - Description of Existing Accredited GME Program
 - Program Structure
 - Program Management
 - Participating Sites
 - Organizational and Faculty Capacity
 - Resident Population
 - Retention Rates
 - Outcomes
 - E. Objectives
 - F. Budget
 - G. Budget Narrative
 - H. Work Plan and Timeline

- II. Budget and Budget Narrative. The following guidelines must be used in preparing the budget and the budget narrative. The budget narrative must provide descriptions about each item, how amounts were calculated and the rationale for inclusion in the application. The budget narrative must also describe other funding used to support the new resident position(s) requested in the application, including source, amount and whether this funding will be available for the duration of the DHS GME Residency Grant.
 - A. Allowable costs:
 - Resident salary – annual amount paid, amount of hours worked/year
 - Resident fringe benefits – the percentage of the salary for fringe benefits and an inclusive list of covered items
 - Resident travel expenses – the amount allocated to assist the resident in getting to and from participating sites; provide details about how the amount is calculated
 - Resident malpractice insurance – the amount allocated to cover the cost of the resident’s malpractice insurance
 - Training expenses – not to exceed five (5) percent of the salary and fringe per resident; provide detailed descriptions of the items included in these costs, specific amounts for each item, how each amount was calculated and the rationale for their inclusion in the application

B. Unallowable costs: Grant funds may not be used for the following:

- Capital investments
- Equipment and supplies (medical and non-medical)
- Sub-Contracts
- Consultant fees
- Research
- Planning

The budget narrative must include information about how the new resident positions funded with the DHS GME Residency Grant will be sustained after the end of the grant, including the source of on-going funding.

III. Appendixes and Other Documents

Application Cover Sheet

- A. Scoring Matrix
- B. Sample Resident Placement Table
- C. Resident Distribution
- D. Resident Population
- E. Retention and Outcomes
- F. Budget Template

**GRADUATE MEDICAL EDUCATION RESIDENCY GRANT
SCORING MATRIX**

NOTE: This document is designed to serve as guidance for preparing the application.

GOAL: To increase access to quality health care by increasing the number of physicians practicing in rural and underserved areas of Wisconsin.

COMPONENT	CRITERIA	MAXIMUM POINTS
1. ABSTRACT	a) Identifies targeted specialty b) Explains how the targeted specialty addresses the long-term goal c) Provides the requested amount d) States the number of proposed new residents	10
2. TARGETED SPECIALTY	a) Identifies targeted specialty b) Explains why the specialty was selected c) Explains how this specialty will increase the number of physicians in rural and/or underserved areas d) Provides the number of resident positions requested and a clear schedule for implementation	10
3. PROGRAM DESCRIPTION		135 <i>INCLUSIVE OF ALL SCORES IN COMPONENT #3</i>
♦ STRUCTURE	a) Provides clear description of the skills and knowledge to be acquired over the course of the residency b) Provides a clear description of participating sites for clinical experiences, including the length of time expected in each setting and populations served in each setting c) Provides a clear description of how the curriculum and clinical experiences address skills physicians need to practice in new service delivery models/new health care environments d) For primary care – family medicine, general internal medicine and pediatrics - there is a clear description of clinical experiences available via rural tracks, rural rotations, and other rural experiences (R1 – R2); there is evidence of the intent to maintain and/or expand these types of experiences e) For psychiatry and general surgery, there is a clear description of clinical experiences in rural or underserved areas (R1 – R3); there is evidence of the	45

COMPONENT	CRITERIA	MAXIMUM POINTS
	<p>intent to maintain and/or expand these experiences</p> <p>f) For family medicine and/or pediatrics, there is a clear description of clinical experiences to address behavioral health care needs, e.g., psychology, psychiatry; there is evidence of the intent to maintain and/or expand clinical experiences in these areas</p> <p>g) For primary care specialties, there is a clear description of prevention and/or population health-oriented education and experiences and/or opportunities for clinical experiences in public health; there is evidence of the intent to maintain and/or expand experiences in these areas</p>	
♦ RESIDENT POPULATION	<p>a) Provides a description of the current group of residents in the targeted specialty, including demographics</p> <p>b) Highlights current resident ties to Wisconsin among the group</p> <p>c) Provides information about prior residents over the last five years, including ties to Wisconsin</p>	20
♦ RETENTION RATES	<p>a) Provides an explanation/description of strategies used to encourage residents to remain in the target specialty; highlights whether incentives are used</p> <p>b) Provides the following statistics for each group of residents in the target specialty for the last five (5) years, by year:</p> <ul style="list-style-type: none"> - # of individuals who begin and complete their initial declared residency - # of graduate physicians who initiate practice in their original declared residency - # of graduate physicians who initiate practice in their original residency and remain in Wisconsin <p>c) Provides information about residents who begin in the target specialty that advance to a sub-specialty upon completion; identifies the sub-specialty, if known</p> <p>d) Provides information about residents who begin in the target specialty and move to a sub-specialty prior to completion of the original residency</p> <p>e) For general internal medicine, explains strategies in place to encourage practice in this specialty versus pursuing a sub-specialty</p>	35
♦ ORGANIZATIONAL / FACULTY CAPACITY	<p>a) Provides a description of the capacity of the sponsoring institution to deliver GME and the process to be used for seeking accreditation for the expansion</p>	15

COMPONENT	CRITERIA	MAXIMUM POINTS
	<ul style="list-style-type: none"> b) Description highlights the experience of the institution in providing GME in the selected specialty c) Provides a clear plan for how the grant will be managed and monitored d) Provides information about the qualifications and responsibilities of the Program Director for the target specialty and reporting relationships 	
♦ OUTCOMES	<ul style="list-style-type: none"> a) Provides the requested information for the last five (5) years, by year b) Provides the time period for the required data c) Explains why data is not available, as applicable 	20
4. OBJECTIVES	<ul style="list-style-type: none"> a) Objectives are clearly stated b) Objectives include timeframe for achieving c) Objectives are measurable 	15
5. BUDGET	<ul style="list-style-type: none"> a) Includes specific line items consistent with allowable costs b) Training expenses do not exceed 5% of salary and fringe c) Budget is provided for each year of the grant d) Total request does not exceed the maximum per position or per institution 	20
6. BUDGET NARRATIVE	<ul style="list-style-type: none"> a) Provides clear information and justification for each budget item b) Clearly explains how cost was calculated c) Provides clear information about other sources of funding that support the new resident position(s), including amounts and covered costs d) Provides information about how the new positions will be sustained following the end of the DHS contract 	20
7. WORK PLAN / TIMELINE	<ul style="list-style-type: none"> a) Clearly identifies the activities needed to secure accreditation for the new position(s) b) Clearly identifies activities needed to manage the grant and meet reporting requirements c) Identifies responsible parties by position and name d) Includes beginning and completion dates 	15

Appendix B – Sample Residency Placements

Residency/Grant Year Family Medicine, Pediatrics, Internal Medicine	1	2	3	4	5	6	TOTAL
# of new positions/year DHS Grant	1	1	1	0	0	0	3
# of positions funded by DHS Grant	1 PGY 1	1 PGY 1 1 PGY 2	1 PGY 1 1PGY 2 1PGY 3	1 PGY 2 1 PGY 3	1 PGY 3		
# resident years funded by DHS	1	2	3	2	1		9
DHS Grant \$/year	\$75,000	\$150,00 0	\$225,00 0	\$150,00 0	\$75,000		\$675,000
Residency/Grant Year Family Medicine, Pediatrics, Internal Medicine	1	2	3	4	5	6	TOTAL
# of new positions/year DHS Grant	3	0	0	0	0	0	3
# of positions funded by DHS Grant	3 PGY 1	3 PGY 2	3 PGY 3				
# resident years funded by DHS	3	3	3				9
DHS Grant \$/year	\$225,00 0	\$225,00 0	\$225,00 0				\$675,000
Residency/Grant Year Psychiatry	1	2	3	4	5	6	TOTAL
# of new positions from DHS Grant	2	1	0	0	0	0	3
# of positions funded by DHS Grant	2 PGY 1	1 PGY 1 2 PGY 2	1 PGY 2 2 PGY 3	1 PGY 3 2 PGY 4	1 PGY 4		
# residents years funded by DHS Grant	2	3	3	3	3	1	12
DHS Grant \$/year	\$150,000	\$225,000	\$225,000	\$225,000	\$225,000	\$75,000	\$900,000

Residency/Grant Year General Surgery	1	2	3	4	5	6	7	TOTAL
# new positions DHS Grant	1	1	1	0	0	0	0	3
# positions funded by DHS Grant	1 PGY 1	1 PGY 1 1 PGY 2	1 PGY 1 1 PGY 2 1 PGY 3	1 PGY 2 1 PGY 3 1 PGY 4	1 PGY 3 1 PGY 4 1 PGY 5	1 PGY 4 1 PGY 5	1 PGY 5	
# resident years funded by DHS Grant	1	2	3	3	3	2	1	15
DHS Grant \$/Year	\$75,000	\$150,000	\$225,000	\$225,000	\$225,000	\$225,000	\$150,000	\$1,125,000

Appendix C – Resident Distribution

Academic/Program Year	PGY 1	PGY 2	PGY 3	PGY 4 (if applicable)	PGY 5 (if applicable)	TOTAL
2015-2016						
Already Established Residency Slots						
Requested Expansion Slot(s)						
2016-2017						
Already Established Residency Slots						
Requested Expansion Slot(s)						
2018-2019						
Already Established Residency Slots						
Requested Expansion Slot(s)						
2019-2020						
Already Established Residency Slots						
Requested Expansion Slot(s)						
2020-2021						
Already Established Residency Slots						
Requested Expansion Slot(s)						

*Add subsequent years as appropriate to document all years of requested DHS grant-funded slots.

Appendix D – Resident Population (Recent and Current)

Residents	Hometown	Age	Gender	Medical School	Prior/Current Ties to Wisconsin	Practice Location After Graduation	Fellowship
First Year Residents							
John Doe, MD	Madison, WI			UW School of Medicine and Public Health	Native of WI; Completed BA and MD in WI	N/A	N/A
Jane Doe, DO	Rhineland, WI			Medical College of WI	Native of WI; Completed MD in WI	N/A	N/A
Second Year Residents							
Third Year Residents							
Fourth Year Residents (if applicable)							
Fifth Year Residents (if applicable)							
Recent Physician Graduates (2010-2014 Graduates)							

Appendix E – Retention and Outcomes

Outcomes	2014	2013	2012	2011	2010
# of individuals who began and completed residency (completed/began)					
# of residents from Wisconsin					
# of residents with Medical Degree from Wisconsin (Wisconsin/total)					
# of residents with undergraduate degree from Wisconsin (Wisconsin/total)					
# of graduate physicians practicing in Wisconsin (Wisconsin/total)					
# of graduate physicians practicing in/serving majority rural patients (% rural/% total)					
# of graduate physicians practicing in a Health Professional Shortage Area (HPSA) (HPSA/total)					
# of graduate physicians participating in the National Health Service Corps (NHSC/total)					
# of graduate physicians practicing in a Community Health Center, Federally Qualified Health Center, or Rural Health Center (Center/Total)					
# of residents that advance to sub-specialty: (indicate specialties)					
# of graduate physicians who initiate practice in their original declared residency					
# of international medical graduates doing residencies in one of the targeted specialties (IMGs/total)					
Board pass rates for residents in the targeted specialty (accumulative average)					

Appendix F – Budget Template

		Academic/Program Year					
Item	Detail	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Resident Salary, Fringe Benefits, Malpractice Insurance (provide detailed breakout of costs per year; explain how amounts were calculated in budget narrative or here)							
PGY 1	<ul style="list-style-type: none"> Salary Fringe Malpractice 						
PGY 2	<ul style="list-style-type: none"> Salary Fringe Malpractice 						
PGY 3	<ul style="list-style-type: none"> Salary Fringe Malpractice 						
PGY 4 (if applicable)	<ul style="list-style-type: none"> Salary Fringe Malpractice 						
PGY 5 (if applicable)	<ul style="list-style-type: none"> Salary Fringe Malpractice 						
Subtotal							
Training Expenses – provide detail of cost per year; explain how amounts were calculated							
Housing							
	Resident 1						
	Resident 2						
	Resident 3						
Subtotal							
Other (provide detailed breakout of costs – reference books, ITE, retreats, etc.)							
	Resident 1						
	Resident 2						
	Resident 3						
Subtotal							
Travel Expenses							
	Resident 1						
	Resident 2						
	Resident 3						
Subtotal							
Total Costs							
Total DHS Request							